

FILED

09 NOV 17 PM 4:37

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE  
ALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P06000108829

1. Corporation Name

~~NAVARRO BUILDERS CORP.~~

RPM BUIDER = CORP.

900161541729  
11/18/09--01001--011 \*\*212.50

10/09/09--01028--001 \*\*122.50  
900161541729  
10/09/09--01029--001 \*\*122.50

2. Principal Office Address - No P.O. Box #

10281 SW 13 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33174

Country

DADE

Zip

Country

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida

08/21/06

5. FEI Number  
20-5408568

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RAIMUNDO NAVARRO

Street Address (P.O. Box Number is Not Acceptable)

10281 SW 13TH STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33174

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Raimundo Navarro*

Date 10/07/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	RAIMUNDO NAVARRO	10281 SW 13TH STREET	MIAMI, FL 33174
VP	RONY LINDSAY	9001 SW 94TH STREET #210	MIAMI, FL 33176
T	MARISELA NAVARRO	10281 SW 13TH STREET	MIAMI, FL 33174

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Raimundo Navarro* RAIMUNDO NAVARRO

10/07/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #